DUNWOODY POLICE DEPARTMENT   Billy Grogan *Chief of Police*

Dunwoody Police
Department Citizens Police
Academy Application

A resident of the City of Dunwoody who makes an application to the Citizens Police Academy, and is accepted as a student, will at all times be courteous to other students and City of Dunwoody Staff Members. Alcohol and tobacco usage while in class or within the City of Dunwoody Police facility is prohibited.

Last Name: _____

First Name: _____

Initial: _____

Date of Birth: _____

Address: _____
         Number   Street Name   City   Zip Code

Telephone #: _____

I,_____make application to the City of Dunwoody Police Department to serve as a Citizen Police Academy student. I understand that I will be required to successfully complete a background investigation, orientation, and be held at all times to the highest standards of professional service.

_____   _____
        Signature of Applicant   Date of Signature

_____   _____
     Employee Receiving Application   Date Received

Background Completed (see SOP C-5):

DUNWOODY POLICE DEPARTMENT

Billy Grogan *Chief of Police*

I,_____hereby authorize the Dunwoody Police Department to obtain and/or receive any criminal history record and/or driver history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, any other state or any other country.

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature.

This release is executed with full knowledge and understanding that the information is for the official use of the Dunwoody Police Department. Consent is granting for the Dunwoody Police Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

I hereby waive and release any claims against any party which I may have as the result of the release of any records or information referenced in the Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my social security account number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate that location of above information/records concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Print full name – include maiden or previously used names	
Signature	
Street Address	
City, State & Zip Code	
Date of Birth	
Sex – Race	
Social Security Number	
Email Address	

DUNWOODY POLICE DEPARTMENT
Citizens Police Academy

Release & Hold Harmless Agreement

In consideration of being allowed to participate in the City of Dunwoody Police Department Citizens Police Academy program which provides me an opportunity to gain supervised experience in the Police Department, I_____, release the City of Dunwoody and the officials, officers and employees of the City of Dunwoody from liability for any harm, injury, or damage which I may suffer while I am participating in this program. This includes all risks that are connected with this work whether foreseen or unforeseen including riding as a passenger in an official police vehicle. This release applies to damages suffered by me as well as my family, heirs, and assigns as a result of any harm or injury I may suffer.

I,_____, agree to hold the City and its officials, agents, and employees harmless from any claim by me, my family, my estate, heirs or assigns arising out of my participation in this program.

I,_____, agree that I will hold harmless, indemnify and defend the City, its agents and employees from any damage to persons or property, resulting from my negligence and/or intentional acts.

I,_____, assume the responsibility of physical fitness and ability to participate in this program and agree to abide by all rules and requirements of the program.

I have read the contents of this release, understand the terms and have signed this release as my own free act.

Signed By:_____Date: _____

Witness: _____Date: _____

Notary (Seal)_____Date: _____

_____
My Commission Expires

02/2015